

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

BOARD OF COSMETOLOGY AND BARBERING

TELEPHONE: (302) 744-4500 FAX: (302) 739-2711 WEBSITE: <u>DPR.DELAWARE.GOV</u>

WEBSITE: <u>DPR.DELAWARE.GOV</u> EMAIL: <u>customerservice.dpr@state.de.us</u>

COSMETOLOGY INSTRUCTOR: REQUEST FOR ADDITIONAL INSTRUCTION CERTIFICATION

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ref	lect that you are also qualifie	a current Delaware license as ed to teach Barbering, Nail Ted eady hold a Delaware Cosmet ciprocity.	chnology, Aesthetics, or Ele	ectrology. See subsection	n h of <u>24 <i>Del. C.</i></u>			
	Submit completed, signed	and notarized Request for Ad	ditional Instruction Certifica	<u>rtion</u> .				
		mit the <u>additional instruction certification fee</u> by check or money order made payable to "State of Delaware." Only one fee application is required regardless of how many certifications you are requesting.						
	If you are requesting Barber Instruction Certification, arrange for an official of the Delaware school where you completed the required 35 hours of coursework in Barber Shaving to complete and sign the <i>School Official Certification</i> portion of this request form in the presence of a notary. Alternatively, you may arrange for the Board office to receive an official transcript showing that you have completed the required coursework in Barber Shaving, sent directly from the school to the Board office. However, the transcript must show that the coursework included 10 hours of theory and 25 hours of practical in shaving.							
		Board office will issue a revise ogist Instructor license number		ng the additional instruction	on certifications.			
TYF	PE OF CERTIFICATION RI	EQUESTED						
1.	Check the additional instru	uction certification(s) that you	u are requesting:					
	Barber	☐ Nail Technology	☐ Aesthetics	☐ Electrology	/			
2.	Delaware Cosmetology/Co	osmetologist Instructor Licen	nse Number: M5 -					
IDE	NTIFYING AND CONTAC	T INFORMATION						
3.	Requester's Full Name:	First	Middle	Family (Last)				
1	Mailing Address:							
4.	Mailing Address.	Street						
								
	City			State	Zip			
5.	Phone:	Email:			_			
Arra	ange for a school official	to complete this certificati	ion <i>only if</i> requesting ad	ditional certification to	teach Barbering.			
		DELAWARE SCHO	OL OFFICIAL CERTIFICA	ATION				
	I certify that the person named above has completed 35 hours of Barber Shaving coursework, consisting of 10 hours of theory and 25 hours of practical, in a school approved by the Delaware Department of Education.							
Ва	arber Shaving Coursework	Completed From	To					
In	structor Name:		Delawa	re License No: <u>D6</u>				
So	chool Name:							
	chool Address:							
		Street	City	State	Zip			
So	chool Official Name:		Title:					
So	chool Official's Signature):	D	Date:				

AFFIDAVIT

I certify that the information given by me in this request is true to the best of my knowledge and belief and is made for the express purpose of obtaining an additional teaching certification related to licensure as a Cosmetologist/Cosmetologist Instructor. I am aware that intentionally submitting false information may result in denial of a license and referral to the Attorney General's office for appropriate action.

Signature of Request	er:	Date:			
State of	C	County or City of			
who executed this affidavit.	, being first duly sworn, deposes and says that he/she is the person request, that the information in it are true and that he/she has read and understands this				
Subscribed and s	sworn to before me this	day of	2		
SEAL	Signature of Notary Public	c:			
SEAL	My commission expires_				

REQUESTS THAT ARE INCOMPLETE, UNSIGNED, NOT NOTARIZED OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.